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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/525491</div>	FILING DATE					
							APPLICANT(S) <div style="font-size: 1.2em; font-family: cursive;">A</div>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.	9					
TOTAL DEP.	34						TOTAL DEP.	67					
TOTAL CLAIMS	44						TOTAL CLAIMS	76					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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